



Division of Facilities Construction and Management

DFCM

Application and Certificate for Payment

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TO: State of Utah

Division of Facilities Construction and Management
4110 State Office Building
Salt Lake City, Utah 84114

ATTN:

FROM:

PERIOD FROM :

PERIOD TO:

PROJECT #

PROJECT NAME:

CONTRACT #:

Contractor's Application for Payment

Contractor makes the application for payment based on the information in this form, including the attached Schedule of Values

- 1 Original Contract Sum: _____
- 2 Net Change by Approved Change Orders/CCD"s as listed in the Schedule of Values: _____
- 3 Adjusted Contract Sum (1+/-2): _____
- 4 Total Completed and Stored to Date: _____
- 5 Retainage:
 - a. Previous Application: _____
 - b. This Application: _____
 - c. Total Retainage (5a + 5b): _____
- 6 Total Earned Less Retainage (4 -5c): _____
- 7 Prior Certificates For Payment: _____
- 8 Current Payment Due Contractor: _____
- 9 Balance to Complete Project, Including Retainage: _____

4110 State Office Building, Salt Lake City, Utah 84114
telephone 801-538-3018 * facsimile 801-538-3267 * web: dfgm.utah.gov

Contractor's Certificate for Payment

I, (_____), after being duly sworn, do depose and say that:

1. I have conducted a diligent investigation in accordance with customary practices in the industry of the subject Work covered by this Application and Certification for Payment and to the best of my knowledge, such work is in accordance with the Contract Documents;
2. Contractor has fully paid all Subcontractors and suppliers covered whose work is reflected in prior Applications, except as described in an attachment to this Application. Any such attachment shall describe the amount and the detailed reason(s) for nonpayment;
3. The Current payment Due in this Application is in fact due to the Contractor under the Contract Documents;
4. Contractor will promptly and fully pay all Subcontractors and suppliers whose work is reflected in this approved Application, including retainage and interest as required under Utah law, within ten (10) days of receipt by the Contractor;
5. The Contractor will diligently pursue obtaining any payment waivers from subcontractors or suppliers as requested by DFCM; and
6. If any facts discovered after payment under this Application indicate that there has been an overpayment, that Contractor will promptly return such overpaid amount to DFCM.

Contractor/Affiant _____

Title _____

STATE OF UTAH)
) ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN to me this _____ day of _____

Notary Public: _____ My Commission Expires: _____

A/E's Certificate for Payment

In accordance with the Contract Documents and the A/E Agreement, based on on-site observations and the data comprising this application, A/E certifies that, to the best of the A/E's knowledge, information and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the amount certified. If amount certified differs from the amount applied for, attach a detailed explanation with a copy to the contractor.

A/E: _____ Date: _____ Amount Certified: _____

DFCM: _____ Date: _____ Amount Approved: _____

This application is not negotiable or assignable. The Amount Approved is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are subject to the rights, terms and obligations of Contract Documents.